

**RFA 2018-16**

**Attachment I.**

**Navigator Program**

**2019-2022 Grant Application**

Released Date: April 3, 2019

# Overview

This application is for the Covered California Navigator Program, grant award cycle, July 1, 2019 – June 30, 2022. Applicants must respond to each narrative question completely and should not reference other sections of the application to supplement their responses, as each section will be scored independently. Content that is provided beyond the stated character limits for each section will not be reviewed or scored.

# How to Apply

Applicants must complete and submit this application form starting on page 3. The application includes the character limits for each section specified in this Request for Application Announcement. Applicants will not be allowed to exceed the character limit for each section. The application has the three of the following sections A, B, C and a Disclosure Form and Signature page for the applicant to review and complete.

# Application Sections

[**Section A – General Information**](#SectionA)

1. [Applicant Information](#A1)
   1. [Lead Organization Information](#A11)
   2. [Primary Contact](#A12)
   3. [Organization Entity Type and Documentation of Eligibility](#A13)
   4. [Previous Applicant Experience](#A14)
   5. [Additional Funding](#A15)
   6. [Estimated Activity and Enrollment Information](#A16)
   7. [Demographic Populations](#A17)
2. [Subcontractor Information and Letter of Intent to Participate](#A2)
   1. [Primary and Subcontractor Partnership Agreement](#A21)

[**Section B – Narrative Sections**](#SectionB)

1. [Cover Letter](#B1)
2. [Qualifications](#B2)
3. [References](#B3)
4. [Proposed Personnel](#B4)
5. [Approach to Statement of Work](#B5)
   1. [Target Population](#B51)
   2. [Navigator Strategic Workplan](#B52)
   3. [Approach to Project Management and Quality Assurance](#B53)
   4. Optional: Targeted Area Pilot Funding

[**Section C – Line Item Budget**](#SectionC)

[**Disclosure Form and Signature for Application Submission**](#Disclosure)

**Navigator Grant 2019-22 Application**

Released April 3, 2019

|  |
| --- |
| Section A – Organization General Information |

A.1 Applicant Information

**A.1.1 Lead Organization Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization Full and Legal Name: |  | | | | | | | | | |
| Federal Employer ID Number: |  |  | **-** |  |  |  |  |  |  |  |
| Name of Executive Director, CEO, or other person authorized to enter into contractual obligation: |  | | | | | | | | | |
| Title: |  | | | | | | | | | |
| Primary Office Address: |  | | | | | | | | | |
| City: |  | | | | | | | | | |
| Zip: |  | | | | | | | | | |
| Is the mailing address the same as the office address? |  | | | | | | | | | |
| If not, please provide mailing address: |  | | | | | | | | | |
| City: |  | | | | | | | | | |
| Zip: |  | | | | | | | | | |
| Office Phone Number: |  | | | | | | | | | |
| Alternate Phone Number: | ( ) | | | | | | | | | |
| Fax Number: | ( ) | | | | | | | | | |
| Email Address: |  | | | | | | | | | |
| Website Address: |  | | | | | | | | | |
| Is the Organization a current Certified Enrollment Entity (CEE)? | Choose an item.  If Yes, please provide 10-Digit CEE #: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

**A.1.2 Primary Contact**

The Primary Contact Person is the person authorized by the applying entity to be a liaison with Covered California. This person is not necessarily the grant writer.

|  |  |
| --- | --- |
| Primary Contact Person Full Name: |  |
| Job Title: |  |
| Physical Address: |  |
| City: |  |
| Zip: |  |
| Office Phone Number: | ( ) |
| Alternate Phone Number: | ( ) |
| Fax Number: | ( ) |
| Email Address: |  |

**A.1.3 Organization Entity Type and Documentation of Eligibility**

|  |  |
| --- | --- |
| Category | |
|  | **American Indian Tribe or Tribal Organization** |
|  | **Chamber of Commerce** |
|  | **City, County, or Local Government Agency** |
|  | **Commercial Fishing, Industry Organization** |
|  | **Community College or University** |
|  | **Faith-Based Organization** |
|  | **Indian Health Services Facility** |
|  | **Labor Union** |
|  | **Licensed Attorney** |
|  | **Non-Profit Community Organization** |
|  | **Ranching and Farming Organization** |
|  | **Resource Partners of the Small Business Administration** |
|  | **Safety-Net Clinic** (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers) |
|  | **School District** |
|  | **Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code** |
|  | **Trade, Industry, or Professional Organization** |
|  | **Other: Please Specify** |

**Documentation of Eligibility includes**

The applicant and each subcontractor (if using subcontractors), will need to submit one of the following:

IRS Determination or IRS Affirmation Letter of the organization’s 501(c)3 or 501(d)

status, if applicable, or

Any IRS correspondence that provides the Federal Tax Identification Number.

**A.1.4 Previous Applicant Experience**

|  |
| --- |
| Provide three (3) examples of experience, current or recent contracts and/or grants, related to Navigator Program activities as identified in this Request for Application. Specifically, describe the Applicant’s experience in motivating consumers to enroll in health care or other programs or services. Define successful strategies, outcomes, and measurements of impact and success. |

|  |  |
| --- | --- |
| Example 1 | |
| Project Name: |  |
| Contract/Grant Amount, if applicable: |  |
| Term of Contract: |  |
| Name of Awarding Entity: |  |
| Outreach, Education and Enrollment Goals:  (3,000 Character / Approximately 1-Page Limit) | |
| Successful Strategies, Outcomes, and Measurements of Impact and Success:  (3,000 Character / Approximately 1-Page Limit) | |

|  |
| --- |
| Example 2 |

|  |  |
| --- | --- |
| Project Name: |  |
| Contract/Grant Amount, if applicable: |  |
| Term of Contract: |  |
| Name of Awarding Entity: |  |
| Outreach, Education and Enrollment Goals:  (3,000 Character / Approximately 1-Page Limit) | |

|  |
| --- |
| Successful Strategies, Outcomes, and Measurements of Impact and Success:  (3,000 Character / Approximately 1-Page Limit) |

|  |  |
| --- | --- |
| Example 3 | |
| Project Name: |  |
| Contract/Grant Amount, if applicable: |  |
| Term of Contract: |  |
| Name of Awarding Entity: |  |
| Outreach, Education and Enrollment Goals:  (3,000 Character / Approximately 1-Page Limit) | |

|  |
| --- |
| Successful Strategies, Outcomes, and Measurements of Impact and Success:  (3,000 Character / Approximately 1-Page Limit) |

**A.1.5 Additional Funding**

|  |  |
| --- | --- |
| Is the applicant currently receiving other funding for Outreach, Education or Enrollment related to health care reform (Medicaid, State Children’s Health Insurance Program, etc.) or other programs?  No  Yes - If yes, please fill in the information below. | |
|
| Funding Source: |  | |
| Amount: |  | |
| Contract Term (Beginning and End Date): |  | |
| Enrollment and Renewal Assistance Goal: |  | |
| Please provide a brief description of the activities, including the service area (Counties or other Geographic Areas) of this funding:  (3,000 Character / Approximately 1-Page Limit) | | |

**Additional Funding –** Applicant may add as many additional sources as needed on a separate document. Please reference this application section at the top of the document and attach it to the application submission.

**A.1.6** **Estimated Activity and Enrollment Information**

**Review the map** defining the targeted Sales Areas and boundaries available here: <https://hbex.coveredca.com/toolkit/webinars-briefings/downloads/Regional-Staff-FINAL.pdf>

**Then, complete the table below** by entering the total requested funding for this application; listing the county/counties per applicable targeted Sales Area(s) that your organization are applying to cover for the Navigator Program RFA 2019-20 grant cycle; and indicating the corresponding Projected # of Outreach Activity Goals and Projected # of Effectuated Enrollments. Your grant amount requested should correlate with the 1) totaled Projected # of Effectuated Enrollment requirements in *Table 2. Suggested Number of Effectuated Enrollment and Renewal Goals by Grant Amount* of the 2019-22; and 2) the totaled Projected # of Outreach Activity Goals in *Table 3. Proposed Outreach Activity Goals* in the Navigator Program RFA Announcement.

|  |  |
| --- | --- |
| **Total Requested Funding For this Application:** | **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Targeted Sales Area | Targeted Counties | | Projected # of Outreach Activity Goals | Projected # of Effectuated Enrollments |
| 1. **Northern Counties** |  | |  |  |
| 1. **Bay Area** |  | |  |  |
| 1. **Central Coast** |  | |  |  |
| 1. **Central Valley** |  | |  |  |
| 1. **Inland Empire** |  | |  |  |
| 1. **Los Angeles County** |  | |  |  |
| 1. **Orange County** |  | |  |  |
| 1. **San Diego County** |  | |  |  |
| Total: | **Number of Counties:** |  |  |  |

**A.1.7 Demographic Populations**

Estimate the percentage next to the ethnic demographic population(s); in-language services, income levels; and age groups of the targeted population(s) that you intend to reach under this grant.

Fill in a percentage for at least one population, in addition to any others that apply. Ensure the total percentage for ethnicity and special demographics totals to 100%. For each target population identified, also provide a projected number of individuals to be assisted.

|  |  |  |
| --- | --- | --- |
| Estimate the ethnicity of proposed target population(s): | | |
| Ethnicity | **Estimated Percentage** | **Projected # of Assisted Individuals**  **(This is an estimate)** |
| African | **%** |  |
| African American | **%** |  |
| American Indian | **%** |  |
| Armenian | **%** |  |
| Cambodian | **%** |  |
| Caucasian | **%** |  |
| Chinese | **%** |  |
| Filipino | **%** |  |
| Hispanic/Latino | **%** |  |
| Hmong | **%** |  |
| Japanese | **%** |  |
| Korean | **%** |  |
| Laotian | **%** |  |
| Middle Eastern | **%** |  |
| Russian | **%** |  |
| Ukrainian | **%** |  |
| Vietnamese | **%** |  |
| Other\* | **%** |  |
| Other\* | **%** |  |
| Total (100%) | **100%** |  |
| \*Enter ethnicities not included above | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Estimate the in-language services of proposed target population(s): | | | |
| Language | **Percentage of In-Language Services** | **Projected # of Effectuated Individuals (This is an estimate)** |
| Arabic: | **%** |  |
| Armenian: | **%** |  |
| Cantonese: | **%** |  |
| English: | **%** |  |
| Farsi: | **%** |  |
| Hmong: | **%** |  |
| Khmer: | **%** |  |
| Korean: | **%** |  |
| Mandarin: | **%** |  |
| Russian: | **%** |  |
| Spanish: | **%** |  |
| Tagalog: | **%** |  |
| Vietnamese: | **%** |  |
| ASL: | **%** |  |
| Other\* | **%** |  |
| Other\* | **%** |  |
| Total Percent: 100% | **100%** |  |

**\*Enter languages not included above**

|  |  |  |  |
| --- | --- | --- | --- |
| Estimate the proposed target population(s) income levels: | | | |
| Federal Poverty Level (FPL) | **Percentage Planned to Reach** | | **Projected # of Assisted Individuals (This is an Estimate)** |
| Above 138% and up to 200% of FPL: | **%** | |  |
| Above 200% and up to 400% of FPL: | **%** | |  |
| Above 400% of FPL: | **%** | |  |
| Total: | 100% | |  |
| Estimate the age groups of the proposed target population(s): | | | |
| Age Group | | **Percentage Planned to Reach** | **Projected # of Assisted Individuals (This is an Estimate)** |
| Under 18 years of age: | | **%** |  |
| 18-34 years of age: | | **%** |  |
| 35-64 years of age: | | **%** |  |
| 65 years of age and older: | | **%** |  |
| Total: | | **100%** |  |

**A.2 Primary and Subcontractor Letter of Intent (LOI) to Participate**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is your organization applying as a collaborative applicant where you are a lead organization with subcontractors?  No  Yes   * If **no**, you are not using subcontractors. Please skip ahead to Section B and do not complete this section. * If **yes**, for **one** subcontractor, complete the following subcontractor information and sign the agreement. If you have more than one subcontractor, follow the instructions below.   + For more than one contractor, please complete ***Attachment II. Application Section A.2 Letter of Intent (LOI) to Participate***included in this RFA announcement. This must be filled out for EACH subcontractor. For example, if you have five subcontractors you will be partnering with, then you will have five Attachment II forms to submit. If you have not finalized your selection of subcontractors, please fill in this section with as much information as possible and be sure to indicate your intended partnerships in Section B.1.3, Proposed Personnel.   + This ***Primary and Subcontractor Letter of Intent (LOI) to Participate* informationis REQUIRED** if the Applicant is applying as a collaborative (lead organization with subcontractors). | | | | | | | | | | |
| Subcontractor 1 | | | | | | | | | | |
| Organization Full and Legal Name: |  | | | | | | | | | |
| Federal Employer ID Number: |  |  | **-** |  |  |  |  |  |  |  |
| Name of Executive Director, CEO or other person authorized to enter into contractual obligation: |  | | | | | | | | | |
| Title: |  | | | | | | | | | |
| Physical Address of Primary Office: |  | | | | | | | | | |
| City: |  | | | | | | | | | |
| Zip: |  | | | | | | | | | |
| Mailing Address of Primary Office: |  | | | | | | | | | |
| City: |  | | | | | | | | | |
| Zip: |  | | | | | | | | | |
| Office Phone Number: | ( ) | | | | | | | | | |
| Alternate Phone Number: | ( ) | | | | | | | | | |
| Fax Number: | ( ) | | | | | | | | | |
| Email Address: |  | | | | | | | | | |
| Website Address: |  | | | | | | | | | |
| Is the Organization a Certified Enrollment Entity (CEE) in the Certified Application Counselor Program? | **No  Yes - If yes, please fill in the information below.**  Enter the 10-Digit CEE #:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Please provide information for the Primary Contact for this Subcontractor | | | | | | | | | | |
| Primary Contact Person: |  | | | | | | | | | |
| Title: |  | | | | | | | | | |
| Physical Address: |  | | | | | | | | | |
| City: |  | | | | | | | | | |
| Zip: |  | | | | | | | | | |
| Office Phone Number: | ( ) | | | | | | | | | |
| Alternate Phone Number: | ( ) | | | | | | | | | |
| Fax Number: | ( ) | | | | | | | | | |
| Email Address: |  | | | | | | | | | |
| Website Address: |  | | | | | | | | | |

|  |  |
| --- | --- |
| **Category** | |
|  | **American Indian Tribe or Tribal Organization** |
|  | **Chamber of Commerce** |
|  | **City, County or Local Government Agency** |
|  | **Commercial Fishing, Industry Organization** |
|  | **Community College or University** |
|  | **Faith-Based Organization** |
|  | **Indian Health Services Facility** |
|  | **Labor Union** |
|  | **Licensed Attorney** |
|  | **Non-Profit Community Organization** |
|  | **Ranching and Farming Organization** |
|  | **Resource Partners of the Small Business Administration** |
|  | **Safety-Net Clinic** (including Community Clinics, Free Clinics, FQHC, FQHC Look-Alikes, IHS Direct Services Clinics, IHS 638 Contracting or Compacting Clinics, IHS Urban Indian Health Centers) |
|  | **School District** |
|  | **Tax Preparer as defined in Section 2251(a)(1)(A) of the Business and Professions Code** |
|  | **Trade, Industry, or Professional Organization** |
|  | **Other (Specify)** |

**Documentation of Eligibility includes:**

The applicant and each subcontractor (if using subcontractors) will need to submit one of the following:

IRS Determination or IRS Affirmation Letter of the organization’s 501(c)3 or 501(d) status, if applicable.

**A.2.1 Primary and Subcontractor Partnership Agreement**

This Letter of Intent to Participate stands as evidence that the “Lead Organization” ***(Insert applicant organization name)*** and the “Subcontractor” ***(Insert subcontractor organization)*** intend to work together as a “Collaborative” to conduct outreach, education, and enrollment activities to California’s uninsured populations under the auspices of the Covered California Navigator Program. If selected, both organizations will participate in the implementation of the Navigator Program, as proposed in the Application and all relevant attachments. Both agencies agree to the following:

1. *Lead Organization:* It is the responsibility of the Lead to verify that all Subcontractors meet the eligibility requirements of this grant agreement and to report activity on behalf of the Collaborative, inclusive of all subcontractors. Lead Organization shall also ensure that it complies with all requirements in the Navigator Agreement pertaining to Subcontractors, such as executing an agreement with Subcontractors, ensuring that Subcontractors go through Covered California’s background check process, and monitoring the Subcontractor for compliance with all privacy and security requirements.
2. *Subcontractor Organization:* It is the responsibility of the Subcontractor to report all activity and expenses to the Lead as outlined in the reporting requirements of this Application. Subcontractor shall also comply with all applicable rules and regulations, including the Enrollment Assistance regulations found in Article 8 of Chapter 12 in the California Code of Regulations. Subcontractor will strictly follow all privacy and security requirements.
3. *Collaborative:* The Lead and Subcontractor(s) will work cooperatively to plan and execute the Strategic Workplan as outlined in the Collaborative’s Application, Applicant Worksheets, and all relevant attachments. The Lead and Subcontractor(s) will implement and monitor activities to reach enrollment goals per the Agreement.

The **Lead** and the **Subcontractor** attest that both organizations:

Have read the Navigator Program Request for Application and all related documents, including the Navigator Agreement;

Understand the expectations and verify that they have the capacity and expertise necessary to deliver the outlined services as identified in the Application; and

Have read the regulations set forth at 10 CCR section 6650 et seq, and at 45 C.F.R. section 155.210 and will comply with all regulations if awarded a grant.

We, the undersigned, as authorized representatives of ***(Insert applicant organization)*** and ***(Insert subcontractor organization),*** do hereby support the submission of this application and agree to the foregoing provisions.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
| *Authorized Signature from Lead* |  | *Authorized Signature from Subcontractor* |
|  |  |  |
|  |  |  |
| Print Name of Lead Signatory |  | Print Name of Subcontractor Signatory |
|  |  |  |
| Date |  | Date |

**END OF SECTION A**

|  |
| --- |
| Section B – Narrative Sections 1-5 |

**B.1 Cover Letter** (3,000 Characters / Approximately 1-Page Limit)

Include a cover letter (on company letterhead) with the following information:

* + - 1. Title of this grant Application;
      2. Submission date of the application;
      3. Requested funding amount;
      4. A summary of proposed project, including a description of the Covered California subsidy-eligible populations, how you will address the identified areas of enrollment opportunities and communities targeted by the project, including proposed approach and likely impact; and
      5. Signature of an individual authorized to enter into contracts on behalf of the organization/applicant.

**B.2 Qualifications** (9,000 Characters / Approximately 3-Page Limit)

The following sections shall be provided in a written narrative in a succinct manner that demonstrates that the Applicant meets the minimum and desired qualifications identified in **Request for Application**. For lead organization applying as a collaborative with subcontractors, please provide a response that addresses the **qualifications of the collaborative** for each question below.

Please order and number your responses including this Section number, title as follows:

* + - 1. Provide an overall description of the Applicant’s organization for the purposes of providing on-site, walk-in, and appointment-based in-person enrollment assistance. Include a description of the capacity and plans to have a storefront (including hours and address / location) or other public location where consumer assistance will be provided outside of normal business hours.
      2. Describe how the Applicant’s established physical sites facilitate access to the communities targeted by this project. If the Applicant is applying as a collaborative lead organization with subcontractors, describe the nature of the collaborative, the mission, qualifications, experience, and role of each partner and established physical sites providing service.
      3. Describe the Applicant’s operational readiness to meet effectuated enrollment goals and outreach activity goal requirements during the Open Enrollment and Special Enrollment periods, including the Applicant’s program management experience and administrative and fiscal capacity to manage a project of this scope.
      4. If the Applicant is applying as the lead organization for a collaborative with more than one subcontractors, please provide the number of forms - *Attachment II. Application Section A.2 Letter of Intent to Participate* submitted with this application.

**B.3 References**

* + - 1. Attach two (2) letters of recommendation from organizations that have successfully collaborated in the past with the Lead Applicant. These letters must be presented on the referring organization’s letterhead and contain the name and contact information of the person signing the letter. Letters of recommendation from any Subcontractor performing services as part of the Applicant’s proposal, or from any entity that might have a financial interest in the Award, **will not** be accepted. The two reference letters are **not** included in the character limit for this section.

Each letter should address:

* + The nature and length of the relationship between the organizations;
  + The Applicant’s strengths and examples of success in similar programs;
  + A statement recommending the Applicant for Covered California’s Navigator Program, which focuses on subsidy-eligible population enrollment, outreach activities and difficult to reach targeted populations.

\*Attach your Reference letters to the application when you submit the completed application.

**B.4 Proposed Personnel** (6,000 Characters / Approximately 2-Page Limit)

Please order and number your responses including this Section number, title as follows:

* + - 1. Describe the Applicant’s strategy for staffing enrollment activities and why this approach is effective in meeting enrollment goals.
      2. Describe the Applicant’s current staffing capacity to perform the services requested in this grant Application and the hiring schedule for additional staff.
      3. Describe current staffing capacity of all subcontractors to perform the services requested in this grant application and the hiring schedule for additional staff.
      4. If the applicant is planning to partner with other organizations but has not finalized the selection of its subcontractors, include a description of the potential partners.
      5. Include brief biographical statements for the project manager and senior staff members who will be responsible for oversight of the Grant.
      6. If the Applicant is applying as a collaborative with a lead organization and subcontractors, describe the role of each partner in this project and the value added to the proposed enrollment, outreach, and enrollment campaign.
      7. Describe how the proposed staffing for this project reflects the cultural, linguistic, and other characteristics/preferences of the target populations that the Applicant proposes to serve.

**B.5 Approach to Statement of Work** (18,000 Characters / Approximately 6-Page Limit)

Please order and number your responses including this Section number and sub-section numbers, title as follows:

**B.5.1 Target Population**

* + - 1. Identify individuals and organizations in the communities served and what will motivate or influence them to partner with the Applicant to design and implement enrollment campaigns. Describe how the Applicant will leverage and build upon this coalition.
      2. Describe the nature of the Applicant’s relationship with the communities served, how many consumers are reached annually, and how the Applicant proposes to leverage these relationships for the proposed project.
      3. Describe the Applicant’s approach and demonstrated ability to eliminate barriers in order to motivate consumers to enroll in Covered California Qualified Health Plans.

**B.5.2 Navigator Strategic Workplan**

* + - 1. Describe the Applicant’s proposed approach and strategy for maximizing enrollments during the Open Enrollment and Special Enrollment periods.
      2. Describe some proposed enrollment events and the outreach and education strategy that will drive enrollments. Describe the settings and venues where Navigator activities will take place and why these venues are appropriate to reaching the target populations.
      3. Describe current or historical media strategies including paid media, earned media and social media strategies. Detail total annual paid media expenditures promoting enrollment assistance. Summarize total annual earned media impressions with specific breakouts of print, digital, television, and radio distribution. Provide current social media activity including platforms used (e.g., Twitter, Facebook, Instagram, LinkedIn), accounts used (e.g., entity account names and/or counselor account names), and the number of followers on each account.
      4. Describe the capacity and plans to have a store front (including hours of operation and address / location) or other public location where consumer assistance will be provided outside of normal business hours.
      5. Describe the Applicant’s existing infrastructure and/or relationships that would facilitate the Applicant’s ability to address the needs of the target Covered California subsidy-eligible population.
      6. Describe the applicant’s proposed approach for assisting with renewals and supporting retention efforts.

**B.5.3 Approach to Project Management and Quality Assurance**

* + - 1. Describe the Applicant’s plan for managing and monitoring Navigator Program Activities and requirements.
      2. If the Applicant is applying as a collaborative (lead organization with subcontractors), describe how the lead organization will monitor progress toward accomplishing project goals. Describe any anticipated challenges with managing the collaborative and how the Applicant proposes to overcome them.
      3. Describe how your organization captures data for the number of consumers assisted and/or enrolled. For consumers who were assisted but not enrolled, is there a follow-up process in place? If so, describe the process.
      4. Describe the Applicant’s policies and procedures related to protecting consumer’s privacy and security.

**B.5.4 Optional: Targeted Area Pilot Funding** (If an Applicant wishes to apply for more than one of the meta-regions specified in the Targeted Area Pilot Funding, numbers 1-3 below must be completed for each meta-region for which the Applicant wishes to be considered.)

* + - 1. Specify the meta-region(s) your organization is applying to target through the Targeted Area Pilot. Describe your organization’s experience reaching the communities in zip codes listed for this meta-region.
      2. How would your organization utilize the additional funding for targeted outreach? Provide a budget overview for the $25,000 provided for outreach in this meta-region, including personnel.
      3. Detail the outreach strategy specific to this meta-region, discussing both Open Enrollment and Special Enrollment Period strategies.
      4. Project how many consumers your organization would enroll in this meta-region through the Targeted Outreach Pilot. Detail the assumptions and expectations that support this projection.

**END OF SECTION B**

|  |
| --- |
| Section C – Line Item Budget |

Submit a line item budget including detailed description of how grant funds will be spent. The budgeted line items and amounts should align with the personnel and activities outlined in the application. The total proposed budget should match the amount requested in Section A.1.6.

**Important Document Submission Final Note**

\*IMPORTANT NOTE: This Attachment I. Navigator Program 2019-22 Grant Application is designed to be used both as a formatting tool and as a submission template; therefore, it is important that you attach all additional pages and narrative where needed when you submit your Application. You should use all the template where applicable, but make sure you include and note “see attached” where you attach additional documents and information.

**END OF SECTION C**

**Disclosure Form and Signature for Application Submission**

***This page should be included in your application packet. It will not count toward any page limits.***

By submitting this application and the supporting application documents and materials, you are agreeing that:

* You are an authorized signatory for this application.
* You have read and understand the Covered California Navigator Program instructions, guidelines, questions, and requirements in this application.
* All questions contained in the application have been answered and the following required documents are included as part of the application packet for submission. These documents are not limited to the following:

Applicant Information (all applicable sections completed, and questions answered)

Subcontractor Information and Letter(s) of Intent (if applicable)

Line Item Budget

References – Two Letters of Recommendation

Approach to Statement of Work that includes Strategic Workplan

Documentation of Eligibility for Lead applicant

IRS Determination or IRS Affirmation Letter for 501(c)3 or 501(d) status

Federal Tax Identification Number and any corresponding status determination on official letterhead

* Documentation of Eligibility for Subcontractor(s), if applicable:

IRS Determination or IRS Affirmation Letter for 501(c)3 or 501(d) status

Federal Tax Identification Number and any corresponding status determination on official letterhead

To the best of your knowledge, the information included as part of this application is true and accurate.

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| Authorized Signature |

* Please **print** this application, **sign** the “Authorized Signature” box above, and **scan** the application with all applicable attachments and documents prior to submitting the complete application via **email** to [CommunityPartners@covered.ca.gov](mailto:CommunityPartners@covered.ca.gov) **by 5 p.m. PST on April 23, 2019**.